



**CONSUMER COMPLAINT PROCESS AND INSTRUCTIONS**  
**ATTORNEY GENERAL'S OFFICE**  
**CHRISTINE O. GREGOIRE, ATTORNEY GENERAL**  
**CONSUMER PROTECTION DIVISION**



The Consumer Protection Division of the Attorney General's Office handles approximately 24,000 complaints annually. You may file a complaint by completing the attached form. We cannot act as your attorney. However, we will review your complaint to determine if we can assist you in working through your problem with the business. Because of limitations on what we can do we may not be able to handle your complaint. If this is the case, we will let you know. Where appropriate, we may also refer your complaint to another governmental agency that has jurisdiction to look into your complaint. If you need information, please contact the Consumer Resource Center (CRC) of the Attorney General's Office nearest you or call 1-800-551-4636. You may also visit us on the web at [www.wa.gov/ago/consumer](http://www.wa.gov/ago/consumer) where we have information on many consumer-related topics. You may also file a complaint on-line at: [www.wa.gov/ago/consumer/forms](http://www.wa.gov/ago/consumer/forms)

1. Please TYPE OR PRINT information on the complaint form. After your complaint is received, you will be contacted regarding the handling of your complaint.
2. We need to be able to send a copy of your complaint to the business being complained about. If you do not want us to send the business a copy of your complaint, let us know, since we will not be able to process the complaint.
3. Your complaint, and any related documents you submit, becomes a "public record" under state law. All public records are subject to public record disclosure requests, allowing review, inspection, and copying of the records by the public. Certain confidential information can be excluded from public review, however, as provided for by law. Please include any confidential information, such as account numbers and other confidential financial information, only on the Confidential Information Addendum sheet, so that its confidentiality can be more easily protected.
4. Please submit copies of relevant documents. However, send COPIES only. DO NOT INCLUDE ORIGINAL DOCUMENTS! Keep originals with your records.
5. Please send the complaint to the Consumer Resource Center (CRC) nearest you:

**Seattle:** North King, Snohomish, Clallam, Jefferson Counties and Bainbridge Island  
900 FOURTH AVENUE, SUITE 2000  
SEATTLE, WA 98164-1012  
Phone: (206) 464-6684 Fax: (206) 464-6451

**Bellingham:** Island, San Juan, Skagit and Whatcom Counties  
103 E. HOLLY, SUITE 308  
BELLINGHAM, WA 98225-4728  
Phone: (360) 738-6185 Fax: (360) 738-6190

**Tacoma:** Pierce, Mason, Grays Harbor, Kitsap and South King County  
1019 PACIFIC AVENUE S, 3<sup>rd</sup> Floor  
TACOMA, WA 98402-4411  
Phone: (253) 593-2904 Fax: (253) 593-2449

**Vancouver:** Southwestern Washington  
1220 MAIN STREET, SUITE 549  
VANCOUVER, WA 98660-2964  
Phone: (360) 759-2150 Fax: (360) 759-2159

**Spokane:** Eastern Washington  
1116 WEST RIVERSIDE  
SPOKANE, WA 99201-1194  
Phone: (509) 456-3123 Fax: (509) 458-3548

**Kennewick:** Central Washington  
500 N MORAIN ST, SUITE 1250  
KENNEWICK, WA 99336-2607  
Phone: (509) 734-7140 Fax: (509) 734-7290

If you have questions, contact a local CRC, or call 1-800-551-4636, or visit us on the web at:  
[www.wa.gov/ago/consumer](http://www.wa.gov/ago/consumer)



**CONSUMER COMPLAINT FORM  
CONFIDENTIAL INFORMATION  
ADDENDUM  
OFFICE OF THE ATTORNEY GENERAL  
CONSUMER PROTECTION DIVISION**



All information on the main **Complaint Form** may be subject to public review, inspection and copying. Because all information provided on the main **Complaint Form** may become a public record subject to public review, inspection and copying, please put all confidential information on this addendum sheet so that we can share it with the business, while attempting to keep it confidential should the public want to review your complaint. On this **Confidential Information Addendum sheet**, or attached to it, please put the relevant business account, and all other confidential financial information, and we will try to protect this information from public disclosure. **Please do not include more information than is necessary to process your complaint.**

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**PROTECT YOUR PRIVATE INFORMATION!**

The **additional documentation** you provide with your complaint will also become a public record. It is very important to remove certain kinds of information from these documents in order to protect your privacy. The examples given below are items that should be removed when making copies of your documentation for the Consumer Resource Center:

- **Social Security Numbers**
- **Mother's Maiden Name**
- **Date of Birth**
- **Credit Card Numbers, Account Numbers - including Loan Numbers**
- **Income or Liability Figures**
- **Credit Reports**
- **Contact Information** you wish to keep private

➡ **Carefully check any applications, receipts, and bank statements!** ←



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**ATTORNEY GENERAL'S OFFICE**  
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**CONSUMER INFORMATION**

Name: \_\_\_\_\_  
*Please Print or Type*                      *Last:*                      *First:*                      *Middle Initial*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

OPTIONAL: For our statistics, we would appreciate having you check the appropriate age box:   18-29 yrs   30-39   40-49   50-59   60+

**BUSINESS INFORMATION**

Name of business that I am complaining about: \_\_\_\_\_  
*Please Print or Type*

Business Address (**required**): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Toll-free # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Name of Owner, Operator or Manager (if known): \_\_\_\_\_

Names and addresses of any other businesses involved in your complaint: \_\_\_\_\_  
\_\_\_\_\_

Item or service purchased: \_\_\_\_\_

Cost of item or service: \_\_\_\_\_ Did you sign a contract? \_\_\_\_\_ Date of Transaction: \_\_\_\_/\_\_\_\_/\_\_\_\_

Salesperson's name: \_\_\_\_\_

Was an advertisement involved? \_\_\_\_\_ Date and source of advertisement: \_\_\_\_\_  
(Please send a copy of the advertisement if it is available)

**ABOUT YOUR COMPLAINT . . .**

Have you complained to the business? \_\_\_\_\_ If YES, to whom? \_\_\_\_\_ Position? \_\_\_\_\_

What response did you receive? \_\_\_\_\_  
\_\_\_\_\_

If you have not contacted the business, explain why not: \_\_\_\_\_  
\_\_\_\_\_

Have you filed a complaint about this business with the Attorney General's Office before? \_\_\_\_\_  
If YES, list the File Number assigned to that complaint: \_\_\_\_\_

Have you contacted a private attorney? \_\_\_\_\_ If YES, identify the name and address of the attorney: \_\_\_\_\_  
\_\_\_\_\_

Is there a court or other legal proceeding pending? \_\_\_\_\_ If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

